

APPLICATION FORM

MPA MANAGEMENT CAPACITY BUILDING TRAINING

September 8-13 2008
Suva , FIJI ISLANDS

TRAINING APPLICATION

Please complete all sections and submit application to:

Dr. William Aalbersberg,
Institute of Applied Science, Faculty of Science & Technology
University of the South Pacific,
aalbersberg@usp.ac.fj

Anne Walton, NOAA/ National Marine Sanctuary Program,
International MPA Capacity Building Program
NOAA
anne.walton@noaa.gov

APPLICATION DEADLINE IS: **AUGUST 1, 2008**

CONTACT INFORMATION

Name: Date:
Name of MPA or Affiliated Organization:
Position/Title:
Type of Organization (please circle): • MPA Authority • NGO • Community • Government • Other
Office Address:
Phone: Fax: Email:
¹We will use this email address for all correspondence concerning the training workshop unless you inform us otherwise.

Affiliation with MPA:
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Participants will be selected for training based on the extent to which they meet certain criteria. Kindly answer all the questions below as fully as possible to assist our selection process.

QUESTIONS

1. Please tell us about your roles and responsibilities in relationship to MPA management.
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2. What type of training do you feel would most benefit the personnel working on the effective implementation of your MPA?
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3. What are your areas of expertise? Please explain.
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4. What do you think are the 3 greatest challenges to the successful implementation of your MPA?
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5. What do you think are the 3 greatest assets or strengths of your MPA?
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6. What are your objectives for the training? What would you like to take away from the training?
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7. Are you willing to commit to 6 full days of training which may include prep work and homework assignments?
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8. Are you willing to work with a small team throughout the training?
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9. Do you understand that this is an interactive and participatory training course? Are you willing to fully participate in the training in this capacity?

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10. The entire course will be taught in English. Are you fluent enough in English to understand lectures, activities and assignments?

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11. Are you willing to build a contract agreement during the training course in which you will commit to implementing aspects of what you have learned at your MPA when you return?

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12. Do you think you might be interested in advanced training or other learning opportunities after the training?

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13. Do you see a value in developing networks of MPAs, rather than working solely as an individual site? If yes, please explain.

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14. Do you have the full support of your supervisor to attend this MPA Management Capacity Building training course (6 days training + travel time)? Yes No

If yes, please include a letter of nomination from your supervisor with your application (see greyed box for instructions)

LETTER OF NOMINATION

This letter should be no more than one or two paragraphs total. Please include with application.

Letter of nomination from the head of your organization or your supervisor should include:

- 1. Name of applicant**
- 2. Why you are nominating this applicant for the MPA management capacity building program?**
- 3. How can your organization benefit from your nominee participating in this program?**
- 4. Do you consider your applicant as having a current or future MPA management role?**
- 5. Are you committed to supporting the applicant with implementing what they learned during the training?**

Please return letter of nomination with the MPA management capacity building training application no later than August 1, 2008.

Thank you for your interest in the MPA management capacity building training program.



[Greyed-out area for letter of nomination]



Image: June Ward